

State of Arkansas

1998 CORPORATION INCOME TAX RETURN

AR1100CT

FOR OFFICE USE ONLY

Tax Year beginning _____, 19____ and ending _____, 19____ •

- ☐ Check if Final Arkansas Return
• ☐ Check if Filing as Financial Institution
• ☐ Check if Single Weighting Sales Factor

• FEIN				Type of Corporation • 5 <input type="checkbox"/> Domestic • 6 <input type="checkbox"/> Foreign
• FEDERAL BUSINESS CODE	NAME			
• DATE OF INCORPORATION	ADDRESS			
• DATE BEGAN BUSINESS IN ARKANSAS	CITY	STATE	ZIP	TELEPHONE NUMBER
FILING STATUS: • 1 <input type="checkbox"/> CORPORATION OPERATING ONLY IN ARKANSAS • 3 <input type="checkbox"/> MULTI-STATE CORPORATION - DIRECT ACCOUNTING (Check Only One Box) • 2 <input type="checkbox"/> MULTI-STATE CORPORATION - APPORTIONMENT • 4 <input type="checkbox"/> CONSOLIDATED RETURN # OF CORP. ENTITIES IN AR_____				

Note: Attach completed copy of Federal Return and sign Arkansas Return. (See Instructions, Important Reminders, page 2, items 2 and 3)

		ARKANSAS	
INCOME	7. Gross Sales: (Less returns and allowances).	7.	00
	8. Less Cost of Goods Sold:	8.	00
	9. Gross Profit: (Line 7 less Line 8).	9.	00
	10. Dividends: (See Instructions, page 6).	10.	00
	11. Interest: (U.S. Obligations - See Instructions, page 6).	11.	00
	12. Other Interest: (See Instructions, page 6).	12.	00
	13. Gross Rents:	13.	00
	14. Gross Royalties:	14.	00
	15. Gains or Losses:	15.	00
	16. Other Income:	16.	00
	17. TOTAL INCOME: (Add Lines 9 - 16).	17. •	00
DEDUCTIONS	18. Compensation of Officers:	18.	00
	19. Other Salaries and Wages:	19.	00
	20. Repairs:	20.	00
	21. Bad Debts:	21.	00
	22. Rent on Business Property:	22.	00
	23. Taxes:	23.	00
	24. Interest:	24.	00
	25. Contributions:	25.	00
	26. Depreciation:	26.	00
	27. Depletion:	27.	00
	28. Advertising:	28.	00
	29. Other Deductions:	29.	00
	30. TOTAL DEDUCTIONS: (Add Lines 18 - 29).	30. •	00
	31. Taxable Income Before Net Operating Losses: (Line 17 less Line 30).	31.	00
	32. Net Operating Losses: (Adjust for Non-taxable Income - See Instructions, page 7C).	32. •	00
TAX COMPUTATION	33. Net Taxable Income: (Line 31 less Line 32 or Schedule A C4 page 2).	33. •	00
	34. Tax from Table: (Instruction Booklet, pages 15 and 16).	34. •	00
	35. Business and Incentive Credits: (Attach all original certificates).	35. •	00
	36. Tax Liability: (Line 34 less Line 35).	36. •	00
	37. Estimated Tax Paid: (Including estimate carryforward from prior year).	37. •	00
	38. Payment with Extension Request: (Voucher 5, AR1100ESCT).	38. •	00
	39. Overpayment: (Line 37 plus Line 38 less Line 36, enter here).	39. •	00
	40. Amount Applied to 1999 Estimated Tax:	40. •	00
	41. Amount Applied to:		
	United States Olympic Committee Program.	41A. •	00
	Arkansas Disaster Relief Program.	41B. •	00
	42. Amount To Be Refunded: (Line 39 less Line 40, 41A and 41B).	42. •	00
	43. Tax Due: (Line 36 less Lines 37 and 38).	43. •	00
	44. Penalty for Underpayment of Estimated Tax: (Attach AR2220). List exception checked in Part 3.	44. • <input type="checkbox"/>	00
	45. Amount Due: (Line 43 plus Line 44).	45.	00

SCHEDULE A - Worksheet for Apportionment of Multistate Corporation

A. INCOME TO APPORTION:

1. Income per Federal Return: (Federal Form 1120, Line 28).

00

2. Add Adjustments: (Submit schedule).

00

3. Deduct Adjustments: (Submit schedule).

00

4. TOTAL APPORTIONABLE INCOME:

00

Note: Total expenses shall be reduced for expenses of earning income not taxable in Arkansas (including non-business income allocated to other states). See page 7 for instructions.

B. APPORTIONMENT FACTOR:

1. Property Used in Business

a. Tangible Assets Used in Business and Inventories

Less Construction in Progress

1. Amount Beginning of Year:

00

2. Amount End of Year:

00

3. Total: (Add Lines a1 and a2).

00

4. Average Tangible Assets: (Line 3 ÷ 2).

00

b. Rental Property:

00

c. Average Value of Intangible Property:

(For Financial Institutions Only) (Submit schedule).

00

d. TOTAL PROPERTY: (Add Lines a4, b, and c).

00

2. Salaries, Wages, Commissions and Other Compensation

Related to the Production of Business Income

a. TOTAL:

00

3. Sales / Receipts:

a. Destination Shipped From Within Arkansas:

00

b. Destination Shipped From Without Arkansas:

00

c. Origin Shipped From Within Arkansas to U.S. Government:

00

d. Origin Shipped From Within Arkansas to

Other Non-taxable Jurisdictions:

00

e. Other Gross Receipts: (Submit schedule).

00

f. TOTAL SALES / RECEIPTS:

(Add Lines 3a through 3e).

00

g. DOUBLE WEIGHTED: (Applies to tax years beginning on or after 1/1/95).

(Financial Institutions must use Single Weighted Factor.) (Column C, Line 3f x 2).

4. Sum of Percentages: (Single Weighting: Add Column C, Lines 1d, 2a and 3f).

(Double Weighting: Add Column C, Lines 1d, 2a and 3g).

* 5. Percentage Attributable to Arkansas:.....Line 4

Divided By *

=

* For Part B, Line 5, Divide Line 4 by number of entries other than zero which you make on Part B, Column B, Lines (1d), (2a), and (3f).
Note: An entry other than zero in Part B, Column B, Line (3f), counts as two (2) entries unless using Single Weighted Factor.

C. ARKANSAS TAXABLE INCOME:

1. Income Apportioned to Arkansas: (Part A, Line 4) x (Part B, Line 5)

00

2. Add: Direct Income Allocated to Arkansas. (Submit schedule)

00

3. Less: Apportioned NOL to Arkansas. (See NOL Instructions, page 7)

00

4. TOTAL INCOME TAXABLE TO ARKANSAS: (Enter here and on Line 33, page 1).

00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules, statements and documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

SIGNATURE OF OFFICER

DATE

TITLE

PREPARER'S SIGNATURE

DATE

PREPARER'S FEIN

AREA CODE AND TELEPHONE NUMBER OF PREPARER

OFFICE USE ONLY

A

B

C

D

E

F

Mail completed form to: Corporation Income Tax, P. O. Box 919, Little Rock, AR 72203-0919